

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

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PLAINTIFF Develle Spencer	COURT CASE NUMBER 08C571 08c571
DEFENDANT Sheriff Thomas Dart, et al.	TYPE OF PROCESS S/C

SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Y.Yu, Cook County Dept. of Corrections
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2800 S. California, Chicago, IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Develle Spencer, #2006-0097519 Cook County Jail P.O. Box 089002 Chicago, IL 60608	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 2
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold**FILED****JUL 21 2008 YM****MICHAEL W. DOBBINS**
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of: <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 	DATE 03-26-08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1 of 2	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk 	Td 03-26-08	Date 03-26-08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Dean Kiriazes Director CQI/RM	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 7/10/08
	Time 11:30 am
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee 96.00	Total Mileage Charges (including endorsements) 6.79	Forwarding Fee 0	Total Charges 102.79	Advance Deposits 0	Amount owed to U.S. Marshal or 102.79	Amount of Refund 0
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REMARKS:

1-0USM 14-miles
2-Hours